

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

REVOCATION OF PRIOR POWERS OF ATTORNEY AND APPOINTMENT OF NEW POWER OF ATTORNEY OR AUTHORIZATION OF AGENTS

Commissioner for Patents Alexandria, VA 22313

Sir:

Scimed Life Systems, Inc. hereby revokes, as appropriate, all previous powers of attorney and authorizations of agent previously granted for the following U.S. patent applications:

Application	Filing Date	
Number		
60/072641	1/27/98	
09/238654	1/26/99	
09/804500	3/12/01	
60/072639	1/27/98	
09/238663	1/26/99	
09/579909	5/26/00	
60/085113	5/12/98	
09/309816	5/11/99	
09/738378	12/15/00	
09/817403	3/26/01	
10/442446	5/21/03	
10/667159	9/19/03	
60/038379	2/13/97	
09/023398	2/13/98	
60/038380	2/13/97	
09/023533	2/13/98	
09/500722	2/9/00	
09/847515	5/2/01	
60/038171	2/13/97	
09/023965	2/13/98	
10/051114	11/12/01	
10/774826	2/9/04	
10/774842	2/9/04	
60/060730-	10/01/97	

MIY Revocation -1-

Application Number	Filing Date
09/163960	9/30/98

The following attorneys or agents of the Patent Group at Ropes & Gray LLP, and all other attorneys or agents affiliated with Customer No.:

28120

are hereby appointed to prosecute applications and transact all business in the United States Patent and Trademark Office for the above applications.

Please change the correspondence address for to the above-identified application to:

Patent Group

Ropes & Gray LLP One International Place Boston, MA 02110

The undersigned, whose title is supplied below, is empowered to sign this Revocation and New Power of Attorney on behalf of the Assignee.

Respectfully submitted,
Kus Some
Officer
March 31, 2004
Date
Kurt W. Lockwood
Print or Type Name of Person Signing
Assistant Secretary
Title

-2-

APR 1 2 2004 Ph

hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

date shown below.

Signature:

(Joanne Ryan)

Docket No.: MIY-P05-003

(PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Gellman et al.

Application No.: 10/667159

Group Art Unit: 3732

Filed: September 19, 2003

Examiner: Not Yet Assigned

For: BONE ANCHOR PLACEMENT DEVICE WITH RECESSED ANCHOR MOUNT

CHANGE OF ATTORNEY DOCKET NUMBER

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

Please note that the Attorney Docket Number has been changed from BSC-065CPC1 to MIY-P05-003. Please reference MIY-P05-003 on all future correspondence.

Applicant believes no fee is due. However, if a fee is due, please charge our Deposit Account No. 18-1945, under Order No. MIY-P05-003 from which the undersigned is authorized to draw.

Dated:

4/8/04

Respectfully submitted,

Agnes S Le

Registration No.: 46,862 ROPES & GRAY LLP One International Place

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Attorneys/Agents For Applicant

PTO/SB/122 (06-03)
Approved for use through 11/30/2005. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Address to:

CHANGE OF CORRESPONDENCE ADDRESS		Application Number	10/667159
		Filing Date	September 19, 2003
	Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	First Named Inventor	Barry N. Gellman
		Art Unit	3732
		Examiner Name	Not Yet Assigned
		Attorney Docket No.	MIY-P05-003

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data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). X Attorney or Agent of record. Registration Number 46,862 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number						
Typed or Printed Agnes S. Lee						
Signature Manes La						
Date 4/8/04 Telephone (617) 951-7794						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.						
*Total of1 forms are submitted.						

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Dated: 4/9/04	Signature:(_	Joanne	Rejan	(Joanne Ryan)			